OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

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Ozempic® Prior Authorization Request Form DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

	Member Informa	P	Provider Information (required)				
Member Name:			Provider Nam	Provider Name:			
Insurance ID#:			NPI#:	NPI#: Specialt			
Date of Birth:			Office Phone	Office Phone:			
Street Address:			Office Fax:				
City:	State:	ZIP:	Office Street	Office Street Address:			
Phone:			City:	State:		ZIP:	
		Medication	Information ((required)			
Medication	Name:	Strength:			orm:		
			Directions for	Directions for Use:			
		Clinical In	formation (red	quired)			
1. Does the patient have a diagnosis of Type 2 diabetes mellitus?						☐ Yes ☐ No	
Has the patient experienced an inadequate treatment response to, intolerance of or contraindication to metformin? If yes, please document medication(s) tried, date of trial(s) and reason:						☐ Yes ☐ No	
3. Is the requested weekly dose 0.5 mg or less?							
4. Does the patient require more than one prefilled pen per 28 days (or three prefilled pens per 84 days)?						☐ Yes ☐ No	
5. Is the requested weekly dose greater than 0.5 mg?						☐ Yes ☐ No	
6. Does the patient require more than two prefilled pens per 28 days (or six prefilled pens per 84 days)?						☐ Yes ☐ No	
Information on this form is accurate as of this date. Prescriber's Signature: Date:							
Are there any this review?	other comments, diagnoses,	symptoms, medications	tried or failed, and/or	any other information	on the physicial	n feels is important to	
Please note:	This request may be denied For more information about the Monday – Friday: 8 a.m. to 1	ne prior authorization proce	ess, please contact us a				

This document – and others if attached – contains information that is privileged, confidential and/or may contain protected health information (PHI). The provider named above is required by applicable law to safeguard PHI. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately. Office use only: Ozempic_2020Feb